Hello HMPRG:

I know it's late but we just wanted to share couple of brief comments re: the white paper.

First of all, the white paper omits the problem of creating culturally competent services for ethnic minorities. It doesn't even touch on issues of language access, and cultural sensitivity. So we are uncertain, how the 1115 will embrace cultural diversity in Illinois.

Second, the concept of replacing nine waivers with one is potentially maybe a good idea, but the paper lacks clear explanation how this replacement will be rolled out. We know what we will be losing, but we are totally uncertain what we will be gaining by this change.

Third, I assume there was some reason initially (when waivers were created) of not putting everybody into the same basket. Various groups of individuals have various needs. The paper says that the 1115 will group people according to their needs, not a particular disability they have. An 80 year old vs. a 40 year old with the same type of injury, of physical disability, will have different needs, and will require different plan of care, number of hours of service, etc. and it is not explained how those differences will affect potential savings.

Fourth, as part of the aging network, we are concerned with the waiting period for elders to receive services. This is an entitlement program (unless that changes too), therefore people shouldn't wait to start their services. The paper doesn't distinguish between older and younger population, and it's unclear why. We are concerned that older adults will become an undefined part of the Medicaid "pool".

Fifth, the paper uses certain terms such as "risk-based pool", "bending the cost curve", access assurance pool" - without further explanation.

Sixth, the paper doesn't truly explain how proposed changes will occur, only what will change. It gives an impression that such dramatic changes like closing hospitals and/or nursing homes in Illinois, will simply occur, just because it is proposed.

Lastly, from the CLESE perspective, the HCBS workforce is a non-medical workforce. Often paid caregivers, are older themselves, and have very limited English, or no English at all. Proposed changes in training and educational development of the "21st century workforce" suggest elimination of people who might not be able to meet certain requirements in new and transformed system of care.

Thank you.

Marta

Marta Pereyra

Executive Director

Coalition of Limited English Speaking Elderly

312.461.0812

marta@clese.org

www.clese.org